

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

APPLICANT(S)

09/454046

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
1	/					
2		/				
3		/				
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49						
50						
TOTAL IND.	32					
TOTAL DEF.	8					
TOTAL						

	IND.		DEF.		IND.	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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